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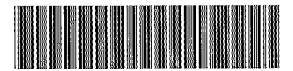
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

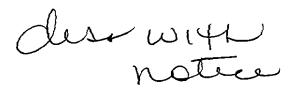
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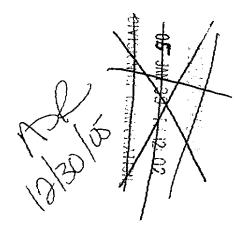


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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Balboa Select Insurance Company
DOCUMENT NUMBER: P05000087925
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Suzan G. Doyle
(Name of Contact Person)
Balboa Insurance Group
(Firm/Company)
3349 Michelson Drive, Suite 200
(Address)
Irvine, CA. 92612
(City/State and Zip Code)
For further information concerning this matter, please call:
Suzan G. Doyle at (949) 222-8070 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

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2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

05 DEC 30 PM 12: 11

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following UNIDA articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Balboa Select Insurance Company
SECOND:	The document number of the corporation (if known): PO5000087925
THIRD:	The file date the articles of incorporation: June 20, 2005
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	x The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	X A majority of the directors authorized the dissolution.
Signa	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Franklin T. Dunn (Typed or printed name of person signing)
	Secretary (Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice	is submitted b	y the	dissolved	corporation	named	below f	or resolut	tion of ;	payment o	of unknow	n claims
against this	s corporation a	s provi	ided in s.	607.1407, F	F.S.						

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Datious Select Insurance Company
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
1. Name of person, entity or agency submitting claim with contact information
2. Description of product or service that is the subject of the claim
3. Date the product or service was delivered or amount owed was incurred
4. Dollar amount of the claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Balboa Insurance Company
3349 Michelson Drive, Suite 200
Irvine, CA. 92612
Attn: General Counsel

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Franklin T. Dunn
Printed Name of the Person Filing

Signature of the Person Filing